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Notice of Independent Review Decision

DATE OF REVIEW: 8/29/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours work hardening program for the left shoulder/knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified in Occupational Therapy and Urgent Care.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	8/09/2012
Decision for Pre-authorizations	7/13/2012-8/07/2012
Prospective IRO Review Response	8/10/2012
Work Hardening Program	7/11/2012
Pre- Authorization Request	7/25/2012
Reconsideration Request	1/25/2012
Initial Behavioral Medicine Consultation	6/01/2012
Plan & Goals of Treatment	4/26/2012
History and Physical	5/29/2012
Clinical Note	6/01/2012
Functional Capacity Evaluation	
Assessment for Work Hardening Program	

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a worker with chronic left knee pain reportedly associated with an industrial injury.

The claimant has a number of comorbidities, including obesity, tobacco use, hypertension, dyslipidemia, coronary artery disease, restless leg syndrome, depression, anxiety, and obstructive sleep apnea.

Thus far, he has been treated with the following: Analgesic medications; extensive postoperative physical therapy; individual psychotherapy; left total knee arthroplasty; functional capacity evaluation; and extensive periods of time off of work.

The most recent clinical note on file is a July 11, 2012 note in which it is suggested that the claimant has a principal complaint of postoperative severe left knee pain, has other orthopedic comorbidities, including chronic back and left shoulder pain, exhibits a variety of psychiatric issues, including forgetfulness, irritability, anxiety, disturbance, and sleep disturbance, has apparently shown modest improvement with outpatient physical



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therapy, is now functioning at a sedentary physical demand level, and receives recommendations to participate in a work-hardening program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per ODG references the requested 80 hours work hardening program for left shoulder/knee is not medically necessary.

The claimant's psychiatric comorbidities are a relative contraindication to participation in the program. While there is some suggestion that the claimant may have his old job to return to, there is, however, no evidence that he has attempted to return to some form of work on a trial basis. There is no evidence that the claimant has a formal "return to work" plan.

It is not clearly stated whether the claimant's physical deficits are preventing a return to work or whether the claimant's psychological issues are, in fact, preventing his return to work.

It is incidentally noted that the prior functional capacity evaluation performed on May 20, 2012, may or may not represent the claimant's actual capacity as functional capacity evaluations are inherently effort-dependent.

Finally, it does not appear that the claimant has attempted to return to regular work on a trial basis. For all of these reasons, the request is hereby non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES